



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JAN 29 1997

Joe R. Arnold, Treasurer
Tennessee Republican Party
Federal Election Account Victory '92
P.O. Box 150368
Nashville, TN 37215

Identification Number: C00040220

Reference: 12 Day Pre-General Report (10/1/96-10/16/96)

Dear Mr. Arnold:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

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Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-You must make an attempt to obtain the full name, mailing address, occupation and name of employer for all individuals who contribute more than \$200 in a calendar year. Please amend your report to include the omitted information.

A committee may demonstrate "best efforts" to obtain the required information by providing the Commission with a description of its procedures for requesting the information and may also supply a copy of a solicitation: the committee must request the contributor information in initial solicitations; make follow-up requests (if necessary); report the information; and file amendments to disclose previously unreported information. Each solicitation must include a clear and conspicuous request for the information. If a committee receives a contribution that exceeds the \$200 threshold but lacks contributor information, the committee must, within 30 days, make an additional written or oral request for the information. Please note that a written request may not include an additional solicitation or material on any other subject, other than thanking the contributor for the donation and must include a pre-addressed return post card or envelope for the contributor's response. An oral request must be documented in writing. Committees must also disclose information that was not provided by the contributor, but is available in any of the committee's records for that current election cycle. Furthermore, if a committee receives contributor information after the contributions have been reported, it must submit, with its next report, an amended memo

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Schedule A listing all the contributions for which additional information was received or file, on or before the next reporting date, amendments to the previous reports on which the contributions were originally disclosed. See 11 CFR §104.3(a)(4)(i) and 11 CFR §104.7.

-Please clarify all expenditures made for Campaign Expenses on Schedules H4 and B. If a portion or all of these expenditures were made on behalf of specifically identified federal candidates, this amount should be disclosed on Schedule B or F supporting Line 23 or 25 and include the amount, name, address and office sought by each candidate. 11 CFR §104.3(b)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 7
FOR LINE NUMBER
11.a.i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Tennessee Republican Party Federal Election Account - Victory '96

A. Full Name, Mailing Address and ZIP Code Dr. & Mrs. Alton R. Boyd Post Office Box 3156 Clarksville, TN 37043	Name of Employer Info Requested	Date (month, day,year) 10/03/96	Amount of Each Receipt this Period \$1,200.00
	Occupation Info Requested		
Receipt For: Federal	Aggregate Year-to-Date >	\$1,200.00	
B. Full Name, Mailing Address and ZIP Code Mr. Ben S. Kimbrough 14 Trahern Ter Clarksville, TN 37040	Name of Employer Info Requested	Date (month, day,year) 10/02/96	Amount of Each Receipt this Period \$1,200.00
	Occupation Info Requested		
Receipt For: Federal	Aggregate Year-to-Date >	\$1,200.00	
C. Full Name, Mailing Address and ZIP Code Mr. Cecil Morgan Jr. PO Box 746 236 Kraft Street Clarksville, TN 37041	Name of Employer Lone Oak Station	Date (month, day,year) 10/03/96	Amount of Each Receipt this Period \$1,200.00
	Occupation Part Owner		
Receipt For: Federal	Aggregate Year-to-Date >	\$3,000.00	ADD
D. Full Name, Mailing Address and ZIP Code Mr. Richard E. Ragsdale 2 Northumberland Nashville, TN 37215	Name of Employer COMMUNITY HEALTH SYSTEMS, INC.	Date (month, day,year) 10/10/96	Amount of Each Receipt this Period \$5,000.00
	Occupation HOSPITAL MANAGEMENT		
Receipt For: Federal	Aggregate Year-to-Date >	\$9,500.00	
E. Full Name, Mailing Address and ZIP Code Mr. William G. Craven 368 S Main St Jamestown, TN 38556	Name of Employer Info Requested	Date (month, day,year) 10/10/96	Amount of Each Receipt this Period \$1,200.00
	Occupation Info Requested		
Receipt For: Federal	Aggregate Year-to-Date >	\$1,275.00	
F. Full Name, Mailing Address and ZIP Code Mr. Ben H. Ernst PO Box 40485 Nashville, TN 37204	Name of Employer Info Requested	Date (month, day,year) 10/02/96	Amount of Each Receipt this Period \$300.00
	Occupation Info Requested		
Receipt For: Federal	Aggregate Year-to-Date >	\$1,200.00	
G. Full Name, Mailing Address and ZIP Code Mr. C. S. Harrie Tellico Rd., Box 215 Madisonville, TN 37354	Name of Employer None	Date (month, day,year) 10/15/96	Amount of Each Receipt this Period \$250.00
	Occupation Retired		
Receipt For: Federal	Aggregate Year-to-Date >	\$300.00	

SUBTOTAL of Receipts This Page (optional)	\$10,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11.a.1.

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NAME OF COMMITTEE (in Full)

Tennessee Republican Party Federal Election Account - Victory '94

A. Full Name, Mailing Address and ZIP Code Mrs. Paula J. McCord 9028 Meadowlawn Dr Brentwood, TN 37027	Name of Employer self-McCord Crane Serv. Occupation Pty. Ofc.-1st Vice	Date (month, day, year) 02/27/96	Amount of Each Receipt this Period \$3,000.00
Receipt For: Federal	Aggregate Year-to-Date >		\$3,000.00
B. Full Name, Mailing Address and ZIP Code Mr. Albert B. McCall 621 Jackson Ave Carthage, TN 37030	Name of Employer D.T. McCALL & SON Occupation MERCHANT	Date (month, day, year) 03/01/96	Amount of Each Receipt this Period \$3,000.00
Receipt For: Federal	Aggregate Year-to-Date >		\$3,000.00
C. Full Name, Mailing Address and ZIP Code Mr. John R. Lindahl PO Box 40 Chapmansboro, TN 37035	Name of Employer Info Requested Occupation Info Requested	Date (month, day, year) 03/22/96	Amount of Each Receipt this Period \$3,000.00
Receipt For: Federal	Aggregate Year-to-Date >		\$3,000.00
D. Full Name, Mailing Address and ZIP Code Mr. Arles B. Greene 1270 Dickerson Road, North Goodlettsville, TN 37072	Name of Employer Info Requested Occupation CONTRACTOR	Date (month, day, year) 03/28/96	Amount of Each Receipt this Period \$3,000.00
Receipt For: Federal	Aggregate Year-to-Date >		\$3,000.00
E. Full Name, Mailing Address and ZIP Code Mr. Dewitt C. Thompson IV 1245 Bridgestone Pkwy La Vergne, TN 37086	Name of Employer Info Requested Occupation Info Requested	Date (month, day, year) 03/04/96	Amount of Each Receipt this Period \$3,000.00 And
Receipt For: Federal	Aggregate Year-to-Date >		\$3,000.00
F. Full Name, Mailing Address and ZIP Code Mr. Richard E. Ragsdale 2 Northumberland Nashville, TN 37215	Name of Employer COMMUNITY HEALTH SYSTEMS, INC. Occupation HOSPITAL MANAGEMENT	Date (month, day, year) 02/27/96 03/04/96	Amount of Each Receipt this Period \$3,000.00 \$1,500.00
Receipt For: Federal	Aggregate Year-to-Date >		\$4,500.00
G. Full Name, Mailing Address and ZIP Code Mr. J. MAX Everhart 417 Blythewood Road, SW Cleveland, TN 37311	Name of Employer Info Requested Occupation Info Requested	Date (month, day, year) 02/28/96 03/25/96	Amount of Each Receipt this Period \$300.00 \$300.00
Receipt For: Federal	Aggregate Year-to-Date >		\$600.00

SUBTOTAL of Receipts This Page (optional)

\$20,100.00

TOTAL This Period (last page this line number only)

